New York State Department of Health

Bureau of Environmental Radiation Protection

RADON MITIGATION REP	ĽŪ	ΚI
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Firm name_	Year
Email address	Period January-June July-December (report due 30 days following end of the semi-annual period)

Zip code Required	Town or City	County Required	Number of Mitigations Required	Initial radon Activity (pCi/L)	Type of building or house *	Type of mitigation system installed **	Date of the mitigation	Post mitigation radon activity (pCi/L)

^{*} **EXAMPLE**: **residential** (ranch, 2 story colonial, etc) or **commercial** (school, apartment building, etc.)

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^{**} **EXAMPLE**: active subslab depressurization (**ASD**) /radon resistant new construction (**RRNC**)/crawl space depressurization (**CSD**) /depressurization/air to air heat exchanger/block wall depressurization (**BWD**)/submembrane depressurization (**SMD**)

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